How Can We Help Staff transition to a New NICU design?


Key Concepts/Context

This article highlights the results of a literature review undertaken to identify transition strategies for staff who moved from an open plan unit layout to a single-room design (SRD) neonatal intensive care unit (NICU) layout.

Methods

A list of keywords was developed that included: intensive care units, neonatal, hospital design and construction, single-room design, change management, and staff attitude to change. Of 29 articles identified, only seven highlighted strategies used during the transition to single-room design. Two main categories from the seven relevant articles were noted: 1) proposed strategies implemented during the transition and 2) post-transition issues and solutions. Strategies identified to facilitate the transition to SRD included teamwork (including transition teams); multifaceted communication initiatives; and celebrations (of time spent in the old unit and reflecting on history). Post-transition issues and solutions included maintaining effective communication and being open to developing new models of care or other strategies and technologies that may be required to accommodate the new unit design.

Findings

There is literature that addresses a variety of NICU unit designs but only minimal information relating to addressing staff needs and concerns when undertaking a significant change in daily operations such as SRD requires.

Limitations

A limited number of articles are focused on staff needs during transition from an open NICU design to SRD. Transitions from other types of units may have elicited
SYNOPSIS

DESIGN IMPLICATIONS

When a design project will impact fundamental operations of a unit, it is essential that leaders and construction professionals take the needs of the clinical staff into consideration in order to maximize success of the project.

information non-specific to the NICU, but that information still might have been relevant to a significant transition on a nursing unit.

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